

**ATTACHMENT B**

**Certified Letter and Domestic Receipt**

# VARIAN

m dical systems

LEGAL DEPARTMENT

BRADFORD L. FRIEDMAN  
SENIOR COUNSEL, INTELLECTUAL PROPERTY

WRITER'S DIRECT LINE: (650) 424-5999  
email: brad.friedman@varian.com



August 3, 1999

**VIA CERTIFIED MAIL**

Mr. Michelangelo Delfino  
670 San Antonio Road  
Los Altos, CA 94022

Re: Patent Application entitled: "*Radioactive Medical Implant and Method of Manufacturing*"  
Varian Docket No.: 97-71 Provisional

Patent Application entitled: "*Method and Apparatus for Producing Radioactive Materials for Medical Treatment Using X-rays Produced by an Electron*"  
Varian Docket No.: 97-73 Provisional

Dear Mike:

I will be filing regular patent applications for each of the patent dockets referenced above on August 24, 1999 to supersede the provisional applications that I filed last year. You are listed as an inventor on both these dockets and have previously reviewed the specifications in final form. Formal papers that must be included in these filings with the Patent and Trademark Office include a Declaration of Inventorship for Patent Application and an Assignment document for each application. In addition, your signature on the Assignment documents should be notarized. Varian Medical Systems will reimburse you for expenses related to notarization upon receiving a receipt from you.

Please let me know no later than Tuesday August 17 if I may send these documents to you for your signature.

Thank you for your cooperation.

Sincerely,

Bradford L. Friedman  
Senior Counsel, Intellectual Property

BLF/dk

cc: Lynn Hermle  
Glynn P. Falcon, Jr.

RECEIVED  
AUG 06 1999  
LEGAL DEPARTMENT

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Michelangelo Delfino  
670 San Antonio Road  
Los Altos CA 94022

**4a. Article Number**

P 323 510 214

**4b. Service Type**

- |   |                                    |
|---|------------------------------------|
| <input type="checkbox"/> Registered                     | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                   | <input type="checkbox"/> Insured   |
| <input type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD       |

**7. Date of Delivery**

8-4-99

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

X. *M. Delfino*

**8. Addressee's Address (Only if requested and fee is paid)**

PS Form 3811, December 1994

102985-08-B-0229

Domestic Return Receipt

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